

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/530316

FILING DATE

APPLICANT'S

CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51					
2		1					52					
3	2						53					
4	2						54					
5	2						55					
6	1						56					
7		1					57					
8	2	2					58					
9	2	2					59					
10	2	2					60					
11	2	2					61					
12	2	2					62					
13	1						63					
14		1					64					
15		1					65					
16	2	2					66					
17	2	2					67					
18	2	2					68					
19	2	2					69					
20	2	2					70					
21	2	2					71					
22	2	2					72					
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24	2	2					74					
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36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.							TOTAL IND.					
TOTAL DEP.							TOTAL DEP.					
TOTAL CLAIMS							TOTAL CLAIMS					